BECKER SHOOP CENTER 6101 16TH STREET

RACINE 53406 Phone: (262) 637-7486		Ownership:	Nonprofit Church
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	110	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	110	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	109	Average Daily Census:	107

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis		Age Groups 	\{\rightarrow\rightarr		10.1 54.1
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	0.9	More Than 4 Years	24.8
Day Services	No	Mental Illness (Org./Psy)		65 - 74	4.6	•	
Respite Care	No	Mental Illness (Other)	5.5	75 - 84	30.3		89.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	57.8	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	6.4	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res:	idents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	0.0	65 & Over	99.1		
Transportation	No	Cerebrovascular	2.8			RNs	8.4
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	5.3
Other Services	No	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	3.7	Male	26.6	Aides, & Orderlies	36.7
Mentally Ill	No	1		Female	73.4	[
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		Medicare			edicaid itle 19			Other			Private Pay	:		amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	8	100.0	204	78	94.0	93	0	0.0	0	18	100.0	165	0	0.0	0	0	0.0	0	104	95.4
Intermediate				5	6.0	93	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	4.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		83	100.0		0	0.0		18	100.0		0	0.0		0	0.0		109	100.0

BECKER SHOOP CENTER

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/3	31/03
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	14.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent I	Residents
Private Home/With Home Health	0.0	Bathing	0.0		69.7	30.3	109
Other Nursing Homes	37.0	Dressing	1.8		74.3	23.9	109
Acute Care Hospitals	29.6	Transferring	26.6		47.7	25.7	109
Psych. HospMR/DD Facilities	0.0	Toilet Use	6.4		62.4	31.2	109
Rehabilitation Hospitals	0.0	Eating	28.4		48.6	22.9	109
Other Locations	18.5	******	******	*****	*****	*****	*****
otal Number of Admissions	27	Continence		용	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Exter	nal Catheter	2.8	Receiving Resp	iratory Care	1.8
Private Home/No Home Health	0.0	Occ/Freq. Incontine	nt of Bladder	73.4	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0			50.5	Receiving Suct	ioning	0.0
Other Nursing Homes	3.7	-			Receiving Osto		0.0
Acute Care Hospitals	11.1	Mobility			Receiving Tube	Feeding	0.9
Psych. HospMR/DD Facilities	0.0	Physically Restrain	ed	0.0	Receiving Mech	anically Altered Diets	39.4
Rehabilitation Hospitals	0.0				3	-	
Other Locations	3.7 i	Skin Care			Other Resident C	haracteristics	
Deaths	81.5			0.9	Have Advance D	irectives	100.0
otal Number of Discharges		With Rashes		3.7	Medications		
(Including Deaths)	27 i			- •	Receiving Psyc	hoactive Drugs	54.1

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

*****************	*****	Owne	******* ership:	****** Bed	******** Size:	Lic	ensure:	* * * * * * * * *	*****
	This	This Nonprofit			-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	용	90	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97.3	92.0	1.06	87.6	1.11	88.1	1.10	87.4	1.11
Current Residents from In-County	89.9	85.9	1.05	83.0	1.08	82.1	1.09	76.7	1.17
Admissions from In-County, Still Residing	66.7	22.1	3.02	19.7	3.39	20.1	3.31	19.6	3.39
Admissions/Average Daily Census	25.2	138.9	0.18	167.5	0.15	155.7	0.16	141.3	0.18
Discharges/Average Daily Census	25.2	139.5	0.18	166.1	0.15	155.1	0.16	142.5	0.18
Discharges To Private Residence/Average Daily Census	0.0	64.3	0.00	72.1	0.00	68.7	0.00	61.6	0.00
Residents Receiving Skilled Care	95.4	96.1	0.99	94.9	1.01	94.0	1.02	88.1	1.08
Residents Aged 65 and Older	99.1	96.4	1.03	91.4	1.08	92.0	1.08	87.8	1.13
Title 19 (Medicaid) Funded Residents	76.1	55.4	1.37	62.7	1.21	61.7	1.23	65.9	1.16
Private Pay Funded Residents	16.5	32.6	0.51	21.5	0.77	23.7	0.70	21.0	0.79
Developmentally Disabled Residents	0.0	0.6	0.00	0.8	0.00	1.1	0.00	6.5	0.00
Mentally Ill Residents	93.6	36.2	2.58	36.1	2.60	35.8	2.61	33.6	2.79
General Medical Service Residents	3.7	24.3	0.15	22.8	0.16	23.1	0.16	20.6	0.18
Impaired ADL (Mean)	57.2	50.5	1.13	50.0	1.14	49.5	1.16	49.4	1.16
Psychological Problems	54.1	58.5	0.92	56.8	0.95	58.2	0.93	57.4	0.94
Nursing Care Required (Mean)	5.8	6.8	0.86	7.1	0.83	6.9	0.85	7.3	0.80